

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS430AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/12/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSHINE CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3970 MARYLAND AVE LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the state licensure complaint survey conducted at your facility on 12/09/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 10 total beds, classified as Category 2 beds.</p> <p>The facility has the following endorsement:</p> <p>Residential facility which provides care to persons with Alzheimer's disease.</p> <p>The census at the time of the survey was 7. Two sample resident files were reviewed and 4 employee files were reviewed.</p> <p>The following complaints were reviewed: NV00015701 - Substantiated with deficiencies. NV00019823 - Unsubstantiated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified at the time of the survey:</p>	Y 000		
Y 108 SS=E	449.200(3) Per File - Storage & Availability	Y 108		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 108	<p>Continued From page 1</p> <p>NAC 449. 200</p> <p>3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of the facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the bureau within 72 hours after the bureau requests to review the files.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to produce personnel files for inspection by a bureau representative within 72 hours after a request to do so for 2 of 4 employees (#1 and #4).</p> <p>Findings include:</p> <p>On 12/09/08 in the afternoon, a review of personnel files revealed the facility lacked files for Employee #1 and Employee #4.</p> <p>On 12/09/08 in the afternoon, Employee #1 indicated he couldn't locate his personnel file, and he would bring it to the bureau's office the next</p>	Y 108		

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Y 108	Continued From page 2  day. Employee #1 indicated he recently hired Employee #4, so he lacked a personnel file.  On 12/17/08, a facility representative hand-delivered documents to the bureau; the documents failed to include copies of personnel records for Employee #1 and Employee #4.  Severity: 2 Scope: 2	Y 108		
Y 661 SS=D	449.2706(1)(b) Transfer of Resident  NAC 449.2706 1. If a resident's condition deteriorates to such an extent that: (b) The resident no longer complies with the requirements for admission to the facility, the facility shall plan for the transfer of the resident pursuant to NRS 449.700 and 449.705 to another facility that is able to provide the services necessary to treat the resident properly.  This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to plan and/or initiate a resident's transfer to another facility better equipped to provide necessary services to properly treat the resident (#1).  Findings include:  The facility's activities of daily living assessment	Y 661		

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Y 661	<p>Continued From page 3</p> <p>indicated Resident #1 was completely dependent for all care on 08/01/07. The assessment indicated the resident could not bathe, dress, eat, transfer, ambulate, toilet herself, launder clothes, or manage medications. The assessment indicated Resident #1 was alert to family only.</p> <p>On 12/09/08 in the afternoon, the owner/caregiver indicated Resident #1 resided at his two facilities for several years. The owner/caregiver indicated Resident #1 had at least one pressure sore. The owner/caregiver did not indicate how, when, or why the sore(s) started. The owner did not recall treatment initiated for the sore(s).</p> <p>On 08/15/07, a hand-written memo indicated Resident #1 sustained a stage 2 decubitus ulcer on the center of her back.</p> <p>On 08/16/07, a hand-written memo indicated a physician ordered an x-ray for Resident #1's back to rule out infection. According to the same memo, the physician also ordered Dicloxacillin four times daily for wound treatment with home health. Resident #1's medication administration record failed to document the administration of Dicloxacillin between 08/16/07 and 08/30/07.</p> <p>On 08/16/07, another hand-written memo indicated the owner/caregiver transferred Resident #1 to his other facility to closely monitor the decubitus ulcer on the center of her back.</p> <p>On 08/17/07, Resident #1's physical exam indicated an open area on her mid back and to follow up with a home health agency. The resident's file lacked documented evidence of any home health visits, wound care follow-up, or progress notes regarding the same.</p>	Y 661		

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Y 661	Continued From page 4  The family initiated and transferred Resident #1 to a skilled facility on 08/30/07.  On 12/09/08, the owner/caregiver indicated additional records regarding Resident #1 might be at his other facility. The owner/caregiver hand-delivered Resident #1's records to the Bureau of Licensure on 12/17/08.  On 12/09/08, facility records failed to indicate any applied treatment or progression of the sore(s).  On 12/17/08, facility records hand-delivered to the Bureau of Licensure failed to indicate any applied treatment or progression of the sore(s).  Neither the owner/caregiver nor Resident #1's file indicated the provision of skilled care for the sore(s).  The owner indicated a need to monitor the decubitus ulcer, yet he failed to provide evidence of required skilled care via physician-ordered home health or initiation of a transfer to a skilled facility.  Severity: 2 Scope: 1	Y 661		
Y 826 SS=D	449.2734(3) pressure or stasis ulcers  NAC 449.2734 3. The administrator of the facility shall ensure that records of the care provided to a person who has a pressure or stasis ulcer pursuant to subsection 2 are maintained at the facility. The records must include an explanation of the cause of the pressure or stasis ulcer.	Y 826		

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Y 826	<p>Continued From page 5</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure records of care provided to a person (Resident #1) who has a pressure or stasis ulcer are maintained at the facility.</p> <p>Findings include:</p> <p>On 12/09/08 in the afternoon, the owner/caregiver indicated Resident #1 resided at his two facilities for several years. The owner/caregiver indicated Resident #1 had at least one pressure sore. The owner/caregiver did not indicate how, when, or why the sore(s) started. The owner did not recall treatment initiated for the sore(s).</p> <p>The facility's activities of daily living assessment indicated Resident #1 was completely dependent for all care on 08/01/07. The assessment indicated the resident could not bathe, dress, eat, transfer, ambulate, toilet herself, launder clothes, or manage medications.</p> <p>On 08/15/07, a hand-written memo indicated Resident #1 sustained a stage 2 decubitus ulcer on the center of her back.</p> <p>On 08/16/07, a hand-written memo indicated a physician ordered an x-ray for Resident #1's back to rule out infection. According to the same memo, the physician also ordered Dicloxacillin four times daily for wound treatment with home health. On 08/16/07, another hand-written memo indicated the owner/caregiver transferred Resident #1 to his other facility to monitor the decubitus ulcer on the center of her back.</p>	Y 826		

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Y 826	<p>Continued From page 6</p> <p>On 08/17/07, Resident #1's physical exam indicated an open area on her mid back and to follow up with a home health agency. The resident's file lacked documented evidence of any home health visits, wound care follow-up, or progress notes regarding the same.</p> <p>On 08/30/07, Resident #1's discharge form indicated the family initiated Resident #1's transfer to a skilled nursing facility.</p> <p>On 12/09/08, the owner/caregiver indicated additional records regarding Resident #1 might be at his other facility. The owner/caregiver hand-delivered Resident #1's records to the Bureau of Licensure on 12/17/08.</p> <p>On 12/09/08, facility records failed to indicate any applied treatment or progression of the sore(s).</p> <p>On 12/17/08, facility records hand-delivered to the Bureau of Licensure failed to indicate any applied treatment or progression of the sore(s).</p> <p>Neither the owner/caregiver nor Resident #1's file indicated the provision of skilled care for the sore(s).</p> <p>Severity: 2 Scope: 1</p>	Y 826		

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